U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number <b>U</b> - 12,953		2. Fiscal Year Covered From:  1			
3. Name and address of person filing.		4. Name, file number, and address of labor organization.			
Name Warren C	Danford Jr	Name International Union, UAW  Labor Organization File Number 000-149			
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Floom Number, if any			
Street 22514 Wildwood		Street 8000 E Jefferson Ave			
City St Clair Shores		City Detroit			
State Michigan	ZIP Code + 4 48081	State Michigan ZIP Code + 4 48214			
5. Position in labor organization.	ernational Representati	ve ·			

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or Indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade na	ne, if any).  7.a. Nature of Interest, Transaction, or Income.				
Name Blue Cross Blue Shield of Mid	Spouse Donna Danford is an employee of Blue Cross Michigan				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any P O Box 32	77				
	7.b. Amount.				
Street					
City Southfield	\$45,760				
State Michigan ZIP Co	de + 4 48037				

## Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information							
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)							
Signed // auen Dan Louis	On	8/19/2005	586 775 5176/313 926 1553				
		Date	Telephone Number				